



Dayton COVID-19 Community Assistance Fund Dayton Dollars Program

Business Application

Applicant Information

Business Name: _____

Business
Address:

Street Address

City

State

ZIP Code

Phone:

Email

Mailing Address:

Street Address

City

State

ZIP Code

Your name: _____

Has your business been affected by COVID-19?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is your business in good standing with the State of Oregon?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your business have a current Business Registration with the City of Dayton?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does your business have fewer than 50 employees?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If your business is not currently registered with the City of Dayton, please let us know.
The \$25 fee for a 2020 Business Registration will be waived during this program.

Disclaimer and Signature

By signing below you agree that you are the owner of a small business within the city limits of Dayton, OR that has been affected by the COVID-19 pandemic. Further, you confirm that you have a current business registration with the City, and that your business is in good standing with the State of Oregon.

Signature: _____

Date: _____

Additional Information

*Dayton Dollars expire at midnight on November 30, 2020, and will not be accepted for purchases by participating businesses after that date. Businesses can seek reimbursement through **December 15th** with last checks cut on December 18th.*